

RECEIVED
CENTRAL FAX CENTER

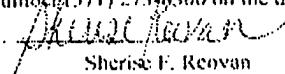
OCT 27 2009

GOODWIN | PROCTER

Goodwin Procter LLP
 The New York Times Building
 620 Eighth Avenue
 New York, NY 10018
 T: 212.813.8800

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence, and attachments, if any, are being facsimile transmitted to the USPTO at fax number (571) 273-8300 on the date indicated below.


 Sherise F. Reovan

October 27, 2009

Date

F A X T R A N S M I T T A L

If problems with transmittal, call fax department at 212.813.8800.

Date	Total pages
October 27, 2009	

To	Company	Fax number	Telephone
Commissioner for Patents	U.S. Patent and Trademark Office	(571) 273-8300	(571) 272-1000
Mail Stop Amendment			
Attn: Examiner Olatunde S. Ojurongbe - Art Unit 1796			

From	Fax number	Telephone
Edward Timmer	212.355.3333	212.459.7247

Message:

Appl. No. : 10/550,834
 Filed: : June 9, 2006
 Inventor(s) : Marcel Vos et al.
 Title : PROCESS FOR THE PREPARATION OF POLY (SILYL ESTER)S AND THEIR USES
 Group/Art Unit : 1796
 Examiner : Olatunde S. Ojurongbe
 Our Ref. No. : 104991-160608 (SGK - 027)

Submitted herewith are the following items for filing in the above-identified case:

1. This Fax Transmittal (1 page);
2. Response to Office Action Dated April 28, 2009(17 pages);
3. Petition For Extension of Time (1 page); and
4. Fee Transmittal in duplicate (2 pages).

Total pages in this submission 21.

RECEIVED
CENTRAL FAX CENTER
OCT 27 2009

002/021

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2009		Complete if Known	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No.	10/550,834 June 9, 2006 Marcel, Vos et al. Olatunde S. Ojurongbe 1796 104991-160608 (SGK-027)
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1100.	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 06-0923 Deposit Account Name: _____

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2058.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

2. EXCESS CLAIM FEESFee Description

- Each claim over 20 (including Reissues)
- Each independent claim over 3 (including Reissues)
- Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP -	x	=		52	26
HP = highest number of total claims paid for, if greater than 20				220	110

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 3 or HP -	x	=			
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 -	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (see attached PTO/SB/22)

<u>Fees Paid (\$)</u>

1100

SUBMITTED BY			
Signature	<i>Edward Timmer</i>	Registration No. (Attorney/Agent) 46,248	Telephone 212-459-7247
Name (Print/Type)	Edward Timmer		
Date October 27, 2009			

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

003/021

OCT 27 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	10/550,834
		Filing Date	June 9, 2006
		First Named Inventor	Marcel Vos et al.
		Examiner Name	Olatunde S. Ojurongbe
		Art Unit	1796
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	104991-160508 (SGK-027)
TOTAL AMOUNT OF PAYMENT (\$)		1100	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>06-0923</u> Deposit Account Name: _____					
For the above-identified deposit account, the Director is hereby authorized to, (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>					

FEE CALCULATION																																																																																																							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																																																																							
<table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>220</td> <td>110</td> <td>.....</td> </tr> <tr> <td>Design</td> <td>220</td> <td>110</td> <td>100</td> <td>50</td> <td>140</td> <td>70</td> <td>.....</td> </tr> <tr> <td>Plant</td> <td>220</td> <td>110</td> <td>330</td> <td>165</td> <td>170</td> <td>85</td> <td>.....</td> </tr> <tr> <td>Reissue</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>650</td> <td>325</td> <td>.....</td> </tr> <tr> <td>Provisional</td> <td>220</td> <td>110</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>.....</td> </tr> </tbody> </table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Utility	330	165	540	270	220	110	Design	220	110	100	50	140	70	Plant	220	110	330	165	170	85	Reissue	330	165	540	270	650	325	Provisional	220	110	0	0	0	0																																										
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)																																																																																																
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity																																																																																																	
Utility	330	165	540	270	220	110																																																																																																
Design	220	110	100	50	140	70																																																																																																
Plant	220	110	330	165	170	85																																																																																																
Reissue	330	165	540	270	650	325																																																																																																
Provisional	220	110	0	0	0	0																																																																																																
2. EXCESS CLAIM FEES																																																																																																							
<u>Fee Description</u>																																																																																																							
<table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple dependent claims</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> <td>Small Entity</td> </tr> <tr> <td>- 20 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> <tr> <td>- 3 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> <tr> <td>HP = highest number of independent claims paid for, if greater than 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> </tbody> </table>																																Each claim over 20 (including Reissues)								Each independent claim over 3 (including Reissues)								Multiple dependent claims								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				Small Entity	- 20 or HP =	x	=					Fee (\$)	HP = highest number of total claims paid for, if greater than 20							Fee (\$)	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				Fee (\$)	- 3 or HP =	x	=					Fee (\$)	HP = highest number of independent claims paid for, if greater than 3							Fee (\$)
Each claim over 20 (including Reissues)																																																																																																							
Each independent claim over 3 (including Reissues)																																																																																																							
Multiple dependent claims																																																																																																							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				Small Entity																																																																																																
- 20 or HP =	x	=					Fee (\$)																																																																																																
HP = highest number of total claims paid for, if greater than 20							Fee (\$)																																																																																																
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				Fee (\$)																																																																																																
- 3 or HP =	x	=					Fee (\$)																																																																																																
HP = highest number of independent claims paid for, if greater than 3							Fee (\$)																																																																																																
3. APPLICATION SIZE FEE																																																																																																							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																																																																							
<table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td></td> <td>=</td> </tr> </tbody> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x		=																																																																																						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																																																																			
- 100 =	/ 50 =	(round up to a whole number) x		=																																																																																																			
4. OTHER FEE(S)																																																																																																							
Non-English Specification: \$110 fee (no small entity discount)																																																																																																							
Other (e.g., late filing surcharge): Petition for Extension of Time (see attached PTO/SB/22) 1100																																																																																																							

SUBMITTED BY			
Signature	<i>Edward Timmer</i>	Registration No. (Attorney/Agent)	46,248
Name (Print/Type)	Edward Timmer	Telephone 212-469-7247	
		Date October 27, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.